



Testimony Submitted on Behalf of
Kathy Paz Mingeldorff
Mission Volunteer
March of Dimes Foundation
“Covering the Uninsured Through the Eyes of a Child”
United States House of Representatives
Committee on Energy and Commerce
Subcommittee on Health
February 14, 2007

Primary Contact:
Amanda Molk Jezek
Deputy Director, Federal Affairs
March of Dimes
202-261-7588

Secondary Contact:
Marina L. Weiss, Ph.D.
Senior Vice President, Public Policy and Government Affairs
March of Dimes
202-659-1800

Good afternoon. My name is Kathy Paz Mingeldorff and I am pleased to be here to testify as a mother and volunteer with the March of Dimes Foundation. I understand in a very personal way the importance of health insurance for women and children, and I thank Members of the Committee for making access to coverage the focus of this hearing. A longer and more comprehensive statement will be submitted for the formal record.

Let me begin today by telling you my family's story, and specifically why Medicaid and FAMIS — Virginia's State Children's Health Insurance Program (S-CHIP) have been so important to us. In 2001, I became pregnant while in college and was covered by my parents' private health insurance policy, but after my son Alex was born, I lost my health insurance because I could no longer be considered a dependent. My son Alex, who is here with me today, was born prematurely at 25 weeks and suffered many complications due to his early delivery. Fortunately Medicaid was there to provide health insurance for the first 3 years of Alex's life.

We had help from Medicaid with Alex's enormous medical bills -- \$800,000 in the first two years alone -- and I have attached to my testimony a handout listing some of my son's medical expenses. Had it not been for that support, I am not sure how we would have survived.

By the time Alex was 2, complications associated with his premature birth required a feeding tube, special formulas and multiple medications. We took Alex to the emergency room many times, and he was hospitalized on 3 separate occasions. In January of 2004, Alex had surgery to stabilize his severe reflux condition. I cannot imagine what life would have been like for us without health insurance through Medicaid.

In 2005, I married and found an employer who was eager to hire me. Unfortunately, the employer did not offer health insurance. I attempted to enroll Alex in FAMIS but our income was too high for him to qualify. At that time, eligibility for the program in Virginia was limited to children with family incomes below 133 percent of the federal poverty level -- less than \$22,000 a year for a family of 3. So, my only option was to turn down a position I really wanted in order to keep my son insured through Medicaid. I want to emphasize how hard that was for me.

In July of last year, the state of Virginia changed its eligibility rules for FAMIS, allowing families with incomes up to 200 percent of the federal poverty level (a little over \$34,000 for a family of 3) to qualify, and making it possible for me to enroll my son.

Once Alex had health insurance through FAMIS, I was able to accept full time employment at SAIC, a government contractor here in northern Virginia. Today, Alex and I have health insurance through my husband Adam's employer and I work part time as an administrative assistant for a national furniture corporation and am taking graduate courses at Marymount University.

The help that my family received came at a time when we needed it most. Because I wanted and was able to work, it was great to have a program like FAMIS. I know from my

experience and that of other families with premature babies that my story is not unique, in fact its not uncommon for a family just getting started to face the problem of not having enough health coverage to meet the needs of a fragile infant.

Given my family's experience, I am sure you can understand why I am so committed to the March of Dimes' goal of using this year's bill as an opportunity to strengthen FAMIS and other State Children's Health Insurance Programs. Let me summarize for you the Foundation's recommendations.

Using information provided by the U.S. Census Bureau, researchers have estimated that nearly half of the 9 million uninsured children in the U.S. are eligible for Medicaid and almost 20 percent are eligible for S-CHIP. In other words, with adequate funding and more attention to enrollment of those who are already eligible, more than 6 million uninsured children could have health insurance through these two programs. So for our first recommendation, the March of Dimes urges Members of this Committee to give states the resources they need.

The Foundation is also calling for changes in law to help states make modest but important improvements in their S-CHIP programs. First, states should be allowed to cover pregnant women age 19 and older who meet S-CHIP income guidelines. As many as 24 states have used federal waivers or special regulatory means to provide such coverage through S-CHIP. But waivers are administratively burdensome for states and the regulatory approach does not allow for payment of the full scope of maternity benefits recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). Both the National Governors' Association (NGA) and the National Conference of State Legislatures (NCSL) support this proposal. Providing access to maternity coverage will help reduce the number of infants like Alex who are born with significant medical needs.

The March of Dimes also recommends that Members of the Committee allow S-CHIP to supplement limited private health insurance for children with special healthcare needs. Allowing for a combination of public and private coverage would help families like mine — parents who want to work, are willing to purchase private insurance, but need a little help to be sure that the policy covers their child's serious medical conditions.

Finally, the Foundation urges Members to strengthen performance measures that will improve state accountability and quality of care for individuals who rely on S-CHIP for their health insurance.

Thank you again, Mr. Chairman, for holding this important hearing and for allowing me to testify on behalf of the March of Dimes. Children and their families across the nation are looking to you and Members of this Committee to maintain and strengthen S-CHIP — a program central to the health of the nation's pregnant women, infants and children.

The Cost of Prematurity

Financial

Alejandro Luis Paz, Born 25 weeks gestation, weighing 1lb 15 oz. On March 11, 2002

Birth to 1 year old			
Neonatal Intensive Care Unit- 76 days	\$260,000	Synagis Shots	\$8,400
28 Pediatrician's visits ranging	\$15,000	INOVA VNA Home Health	\$700
Pediatric Specialists (Opthamology, Cardiology, Pulmonology, Urology)	Approx \$65,000	22 Calorie Infant Formula	\$950
Apnea monitor rental	\$1,100	Loss of income (Mom)	-\$22,000
Total Cost: \$373,150			

1 year to 2 year			
Synagis shots	\$18,000	Enteral Formula	\$2,300
Hospitalization 4/13/04- 5/16/04	Approx \$125,000	Nebulizer Rental	\$600
INOVA VNA Home Health	\$875	Pediatric Speicalists out patient (Pulmonologist, Gastroenerology, Cardiology, Neurology, Surgery)	Approx \$150,000
Therapists (Nutritionist, Occupational Therapy, Speech Therapy)	\$14,040	Rental Equipment for tube feedings	\$5,400
Hospitalization 11/02/04-11/10/04	\$15,000	Surgery, Nissen Fundoplication 1/05 6 days in patient	\$80,000
Hospitalization 12/13/04-12/22/04	\$40,000	Loss of Income (Mom)	-\$22,000
Total Cost: \$473,215			

Total Cost Birth to 2 years old: \$ 846,365